OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Application for Appointment of Registered Agent

0320-1-2

	1. Name of the Limited Partnership									
\Rightarrow										
	2. It was formed under the laws of the state or other jurisdiction of									
\Rightarrow										
	3. Name	and Street Ad	ldress of the Re	gistered	Agent aı	nd Register	red Offic	ce is		
\Rightarrow	Name									
\Rightarrow	Physical Address									
\Rightarrow	P.O. Box									
\Rightarrow	City, State, ZIP5, ZIP4									-
\Rightarrow	is designated and appointed registered agent of this Limited Partnership in the State of Mississippi upon who process against this Limited Partnership may be had in the event of any suit against this Limited Partnership State; and that all prior designations and appointments of registered agents, if any, be and the same hereby registered agents, and the SEAL of said Company, this the								ship in sa by revoke	iid
- /	withess my	signature, and th	ic SE/IE of Said Con	ipany, uni] (year)
	By: S	ignature					(Please ke	eep writing	within blo	ocks)
	P	Printed Name					Title			
	The unders	igned hereby acce	epts the above design	nation and	appointme	nt of registere	d agent for	service o	f process	;
\Rightarrow	Dated in		Mississippi, the		day of		AD,		()	/ear)
	0	lignature of Registered Agent	-				(Please ko	eep writing	within blo	ocks)